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NPI TRANSITION PLAN

SCHOOL-BASED THERAPY SERVICES

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NATIONAL PROVIDER IDENTIFIER

Information regarding Missouri Medicaid's implementation of the National Provider Identifier (NPI) Transition Plan may be reviewed in the following bulletins previously released:

- NPI Transition Plan Phase 2, Volume 29, Number 17, dated 10/12/2006
- NPI Transition Plan, Volume 28, Number 50, dated 5/18/2006
- National Provider Identifier (NPI) Bulletin, Volume 28, Number 21, dated <u>11/01/2005</u>

SCHOOL-BASED THERAPY SERVICES

Each School District with active therapy provider numbers (includes speech, occupational, and physical therapy) for school-based services has been assigned one Independent Clinic/Group provider number (PT 50). Written notification of the new clinic/group provider number has already been sent to each School District at the current address listed on the Provider Enrollment Master File.

Termination of the School Districts' provider numbers for school-based speech therapy (PT 46), occupational therapy (PT 47) and physical therapy (PT 48) has been postponed until March 1, 2007. This will allow additional time for the individual school-based therapists to enroll with Missouri Medicaid. Therapists providing services through School Districts **must** enroll as individual providers, if **not** an already enrolled Medicaid provider. Therapists who already have an active provider number **do not** need to enroll again.

Individual school-based therapy providers will have until January 31, 2007 to submit their enrollment applications to Missouri Medicaid if they do not have a current Medicaid provider number. The new individual provider enrollment applications may be found at: http://peu.momed.com/momed/presentation/providerenrollmentgui/BaseQuestionaireWindow.jsp Select the appropriate provider type in the drop down box and follow the instructions for the *Missouri Medicaid New Provider Enrollment Application*.

Enrollment applications received by January 31, 2007 will be processed by March 1, 2007.

Enrollment applications received after January 31, 2007 may not be processed in time to meet the March 1, 2007 deadline.

BILLING FOR SCHOOL-BASED THERAPY SERVICES

Prior to March 1, 2007, School Districts may bill using their current therapy provider numbers (PT, 46, PT 47 or PT 48) as the billing provider or may bill using the School District's new clinic/group provider number (PT 50) as the billing provider and the individual therapist's provider number (if one has been received) as the performing provider.

Beginning March 1, 2007, services rendered by speech therapists, occupational therapists, and physical therapists in a school setting must be billed with the School District's clinic/group number as the billing provider and the individual therapist's provider number as the performing provider, **regardless of the date of service**.

SPEECH AND LANGUAGE SPECIALIST TEACHER'S CERTIFICATE

Individuals with a Speech and Language Specialist Teacher's Certificate through the Department of Elementary and Special Education **must** enroll as a Medicaid provider for the services provided at a School District. **Only** services provided at the School District are covered for individuals with a Speech and Language Specialist Teacher's Certificate. The Speech Therapist Enrollment Application (PT 46) must be completed to enroll.

Provider Bulletins are available on the DMS Web site at

http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline 573-751-2896